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UTILITY PATENT APPLICATION TRANSMITTAL (Only for new nonprovisional applications under 37 CFR 1.53(b))	Attorney Docket No.	NCI-043CN2
	First Inventor	Robert Kisilevsky
	Title	METHODS AND COMPOSITIONS TO TREAT GLYCOSAMINOGLYCAN-ASSOCIATED MOLECULAR INTERACTIONS
	Express Mail Label No.	EV 354 227 641 US

APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.	ADDRESS TO: MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450
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1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) (Submit an original, and a duplicate for fee processing) 2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. 3. <input checked="" type="checkbox"/> Specification [Total Pages 79] (preferred arrangement set forth below) - Descriptive title of the invention - Cross Reference to Related Applications - Statement Regarding Fed sponsored R & D - Reference to sequence listing, a table, or a computer program listing appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 20] 5. Oath or Declaration [Total Sheets 12] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 18 completed) i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76	7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper c. <input type="checkbox"/> Statements verifying identity of above copies ACCOMPANYING APPLICATION PARTS 9. <input type="checkbox"/> Assignment Papers (cover sheet & document(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement [Power of Attorney] (when there is an assignee) 11. <input type="checkbox"/> English Translation Document (if applicable) 12. <input type="checkbox"/> Information Disclosure [Copies of IDS] Statement (IDS)/PTO-1449 Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized) 15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed) 16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input checked="" type="checkbox"/> Other: Copy of Request for Extension of Time from Parent Application (1 page)
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18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76:

☒ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: **09/970148**
 Prior application information: Examiner **Jeffrey E. Russel** Art Unit: **1654**

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS					
<input checked="" type="checkbox"/> Customer Number: 00959		OR <input type="checkbox"/> Correspondence address below			
Name	LAHIVE & COCKFIELD, LLP Giulio A. DeConti, Jr.				
Address	28 State Street				
City	Boston	State	MA	Zip Code	02109
Country	US	Telephone	(617) 227-7400	Fax	(617) 742-4214

Name (Print/Type)	Theodore R. West	Registration No. (Attorney/Agent)	47,202
Signature		Date	October 20, 2003

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 354 227 641 US, in an envelope addressed to: MS Patent Application, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: October 20, 2003

Signature: (Theodore R. West)

22386 U.S. PTO
10/690020

10/20/03

FEE TRANSMITTAL for FY 2004				Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.				Application Number	Not Yet Assigned
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Filing Date	Concurrently Herewith
				First Named Inventor	Robert Kisilevsky
				Examiner Name	Not Yet Assigned
				Art Unit	N/A
TOTAL AMOUNT OF PAYMENT (\$) 770.00				Attorney Docket No.	NCI-043CN2

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	3. ADDITIONAL FEES			
<input checked="" type="checkbox"/> Deposit Account:							
Deposit Account Number	12-0080						
Deposit Account Name	Lahive & Cockfield, LLP						
The Director is authorized to: (check all that apply)							
<input checked="" type="checkbox"/> Charge fee(s) indicated below				<input checked="" type="checkbox"/> Credit any overpayments			
<input checked="" type="checkbox"/> Charge any additional fee(s) during the pendency of this application							
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							

FEE CALCULATION					
1. BASIC FILING FEE					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1001	770	Utility filing fee	770.00
		1002	340	Design filing fee	
		1003	530	Plant filing fee	
		1004	770	Reissue filing fee	
		1005	160	Provisional filing fee	
SUBTOTAL (1)					(\$) 770.00
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE					
Total Claims	1	-20** =		x	Fee from below = 0.00
Independent Claims	1	-3** =		x	Fee from below = 0.00
Multiple Dependent					
Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
		1202	18	Claims in excess of 20	
		1201	86	Independent claims in excess of 3	
		1203	290	Multiple dependent claim, if not paid	
		1204	86	** Reissue independent claims over original patent	
		1205	18	** Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$) 0.00
**or number previously paid, if greater; For Reissues, see above					

SUBMITTED BY				(Complete if applicable)	
Name (Print/Type)	Theodore R. West	Registration No. (Attorney/Agent)	47,202	Telephone	(617) 227-7400
Signature				Date	October 20, 2003

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Dated: October 20, 2003	Signature: (Theodore R. West)

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket No. (Optional) NCI-043CN	
In re Application of Rob rt Kisilevsky, et al.			
Application Number 09/970148-Conf. #2661		Filed October 2, 2001	
For: METHODS AND COMPOSITIONS TO TREAT GLYCOSAMINOGLYCAN-ASSOCIATED MOLECULAR INTERACTIONS			
Art Unit 1654		Examiner Jeffrey E. Russel	

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	\$ _____
<input type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$ _____
<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$ 950.00
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$ _____
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$ _____

☐ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ _____

☐ A check in the amount of the fee is enclosed.

☐ Payment by credit card. Form PTO-2038 is attached.

☒ The Director has already been authorized to charge fees in this application to a Deposit Account.

☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 12-0080

I have enclosed a duplicate copy of this sheet.

I am the ☐ applicant/inventor.

☐ assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).

☐ attorney or agent of record. Registration Number _____

☒ attorney or agent under 37 CFR 1.34(a).

Registration number if acting under 37 CFR 1.34(a) 47,202

October 20, 2003

Date

(617) 227-7400

Telephone Number


Signature

Theodore R. West
Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below

☐ Total of 1 forms are submitted.

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Dated: October 20, 2003

Signature:  (Theodore R. West)